

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390337</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/18/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>GEISINGER MEDICAL CENTER MUNCY</b>  STATE LICENSE NUMBER: <b>50730101</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>255 ROUTE 220 HIGHWAY MUNCY, PA 17756</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE: _____ (X6) DATE: _____					

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P 0000	Continued from page 1  This report is the result of a special monitoring survey conducted on July 18, 2023. Facility attestations for the following were reviewed:  New Service:  Self-Service Kiosks for patient registration, beginning March 8, 2023. Event SYHE11.  Peripherally Inserted Central Catheter (PICC) Insertion, beginning April 13, 2023. Event 1DRT11.  Expansion of virtual nursing services to include admission interviews and discharge instructions, beginning January 10, 2023. Event M1X711.  Pain management, beginning July 14, 2023. Event RZV511.  New Equipment:  OR Fluent Myosure machine by Holgic, beginning	P 0000			

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P 0000	Continued from page 2  June 15, 2023. Event WMUP11.  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health ' s Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998.	P 0000			



# Certified End Page

**GEISINGER MEDICAL CENTER MUNCY**

**STATE LICENSE NUMBER: 50730101**

**SURVEY EXIT DATE: 07/18/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY